



**CITY OF WICHITA  
DEPARTMENT OF FINANCE  
PURCHASING OFFICE**

City Hall – 12<sup>th</sup> Floor  
455 N. Main Street  
Wichita, KS 67202  
Phone: 316-268-4636  
Fax: 316-268-4656  
<http://ep.wichita.gov>

## VENDOR REGISTRATION FORM

**In order for your company to be solicited for bids and be included on our vendor listing, it is important that this form be filled out and returned. This registration is a two step process.**

- (1) Please complete this form by filling out the company information on this page.
- (2) Upon receipt of this completed form, we will send you your secured login information so that you may select the commodity/service items that your company would like to offer the City of Wichita for bidding purposes.

Your prompt attention and reply to this two step process are appreciated. Thank you in advance for your participation.

### COMPANY INFORMATION – PLEASE PRINT

Company Name:	Owner's Name (If Sole Proprietor):		
Bid / P.O. Mailing Address (Street/P. O. Box, City, State & Zip)			
Remittance Address (if different than above):			
Federal I.D. (FEIN) #: _____ OR _____ SSN #: _____			
Contractor's License <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____ License #: _____			
Type of <input type="checkbox"/> Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Employee <input type="checkbox"/> Federal Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Partnership Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Self			
Minority Owned Business (MBE) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check the appropriate box. <input type="checkbox"/> (A) Asian <input type="checkbox"/> (AA) African American <input type="checkbox"/> (AKA) Alaskan American <input type="checkbox"/> (HI) Hispanic <input type="checkbox"/> (NA) Native American <input type="checkbox"/> (PI) Pacific Islander <input type="checkbox"/> (WO) Women Owned			
Contact Name: _____ Phone #: ( ) _____ Fax#: ( ) _____ Email address: _____			
I hereby certify that the information supplied herein is true and correct.  _____ Signature of person filling out this form  _____ Date			
<b>FOR PURCHASING OFFICE USE ONLY</b>			
Date Recd.	Item Mailed	Item Recd.	Date Entered